

State of New Hampshire
Department for Health and Human Services
CAP Subcommittee: FMS/DAADS Rate Development



DATE: 10/18/19
TIME: 10-12 pm

CONFERENCE LINE: 271-5011 (let us know if you'd like us to call you)
LOCATION: Main Building 2nd Floor, Lilac Conference Room

Committee Members: Tim Leach, Shelley Kelleher, Jean Warner, Suzanne Bagdasarian, Chris Bertoncini, Michelle Donovan, Ann-Marie Miller, Stephanie Patrick, Maureen Rose-Julian
DHHS STAFF: Deb Scheetz, Jen Doig, Sandy Hunt, Laurie Vachon, Kaarla Weston, Dee Dunn Tierney, Elizabeth Collins, Kathy Gray & Jessica Kennedy

Minutes				
<i>Ground Rules: Please be present and actively engaged; please hibernate technology.</i>				
Time	Topic			Key Takeaways & Action Items
10:00 - 10:10	Welcome, Agenda Review & Introductions			
10:10 - 10:50	<p>Answer Questions submitted to the Bureau after last meeting:</p> <p>1.) When all of the changes are put in place, with area agencies being paid a DAADS rate and provider's direct billing Medicaid for various services, how will the provider's current 9% general management be budgeted and accounted for?</p> <p>2.) I understand that the current practice of using a percentage for these general and administrative costs are not allowable under CMS rules. From what I have heard the current budgeting practice of having a separate line for these general and administrative costs will not be permitted or will it?</p>	Discussion		<p>Questions were sent to Jen after the last meeting, they were added to the agenda to discuss as a group</p> <p>1.) Provider rates will have a built in administrative provider rate that includes everything that a provider does administratively.</p> <p>2.) In the budget template, each line accounts for each function that will be done. The group agreed that everything has been accounted for. Functions that were previously GM are now included in DAADS. This is applicable to both PDMS and traditional services.</p> <p>3.) Yes</p>

	<p>3.) As a follow up to those questions, will the Bureau be asking for new budgets for all current Medicaid consumers when the DAADS and FMS rates are made effective?</p> <p>4.) Before we move to the DAADS rate, we'd like to get comfortable with how we are handling the FMS rate as well as understand the process for gathering data on service costs. Additionally, understanding the overall approach to rates that considers these 3 domains: FMS, DAADS and service rates as separate but linked is important. All 3 rate domains are inextricably woven together and arriving at the right comprehensive solution such that the AA system is not destabilized is a priority of us all!</p> <p>5.) The Direct Billing Subcommittee has requested to add a conversation regarding OHCDS to the agenda- to identify what it is and how to structure.</p>		<p>4.) Once rates are in place we will have to determine if budget templates are needed. It would likely be upon renewal, and would be phased in. There will be a transition period. The rates need to be set so that we can analyze and determine what needs to be done. BDS was only given a table, it didn't include costs or weighted averages. Right now BDS has only received high/low and cluster averages. Without this information BDS can not appropriately determine the costs. More information is needed to make an informed decision based on weighted averages. BDS is being extremely respectful in this process but cannot make informed decisions and set a rate without the information that has been requested. The goal is a uniform rate across the board. Information provided to BDS will not be shared, it is for internal use to make an informed decision.</p> <ul style="list-style-type: none"> • Executive Directors are the ones that meet and make the decision on what information is sent. • Please follow up with Jonathan and Ellen and cc all of the committee members, informing them of this conversation and that we need the weighted rates <p>5.) The Director of DLTSS explained that this function is defined under RSA 171-A. DAADS is not CM, CM will be defined. The OHCDS function is extremely important and needs to be captured correctly. It needs to capture the administrative costs and show a cost structure. Our goal is to have uniformity across the board. If a provider decides to bill on their own, the OHCDS function still sits in the DAADS rate. A provider agency can choose to designate someone to bill on their behalf, it is their choice and separate from the state (ex; hiring a payroll company).</p>
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6.) The Provider Selection Committee has requested to add "Navigator" Function conversation to DAADS meeting agenda.

10:50 - 11:10	<p>FMS Functions Document:</p> <ul style="list-style-type: none"> Billing: the group needs to agree where it appears in the current document or add it in. Start-up: determine if this already implied in the current document? Does it need to be added? 	Discussion		<ul style="list-style-type: none"> The group discussed that billing is described under fiscal accounting ADD "BILLING" TO FISCAL ACCOUNTING LINE It will be far more complex to bill if there is a separate code for startup. The group agreed that the start-up is included, it is blended We to consistently deliver the same thing at the same rate across the waivers
11:10 - 11:40	<p>DAADS Functions:</p> <ul style="list-style-type: none"> Sue B requested that some additional responsibilities be added to the Family Support area based on He-M 519. I have added these with track changes (attached). We need to have the group agree on what needs to be added to the existing table. Clarification of where PA's are processed. 	Discussion		<ul style="list-style-type: none"> The same service cannot be billed for twice. Targeted case management is a 24/7 responsibility vs. family support SC Respite - (certified vs non-certified) will have a different rate and code The group needs to go through the contract and make sure everything under 519 is included <ul style="list-style-type: none"> Stephanie, Dee, Kaarla, Mindy and Sue will lead it
11:40 - 11:50	Direct Service Rates	Information/Discussion		<ul style="list-style-type: none"> Deb has had discussions on FCESS with Liz and Dee Needs a review, Kathy can look at with SMS FCESS has 3 codes, all are clearly defined Currently drafting how to look at rate structure within subcontract agencies New requirement for quarterly reporting, currently finalizing the template Items under the designated area agency contracts that are not Medicaid are the DAADS functions Need to look at contracts and codes relative to FCESS, and to look at what is included and what is not. If there is an activity that is done that is not in the contract it needs to be in the DAADS rate

11:50 - 12:00	<p>Closing</p> <ul style="list-style-type: none"> Next Committee Meeting: Nov 15, 2019 Location: Main Building 2nd Floor, Lilac Conference Rm Action Items & Next Steps 	Discussion		<ul style="list-style-type: none"> Direct service rates are being looked at internally. Cost reports are being discussed. Once rates are finalized, procedure code lists can be sent out Rate setting unit and department are working on the 3.1% Medicaid increase Guidance from BDS on the increase has been requested. The Department is working with our partners, this is department wide. Ellen had 9 out of 10 agencies report for the DAADS rate <ul style="list-style-type: none"> What is the total dollars and how many people? <p>ACTION ITEMS:</p> <ul style="list-style-type: none"> Add Kathy Gray to the next Direct Billing meeting ADD "BILLING" TO FISCAL ACCOUNTING LINE Add to next meeting to review findings Construct DAADS list internally, send out electronically and group will discuss at next meeting Liz and Dee to send by midweek. Area Agencies to review functions by following Tuesday What is in your contract, what is Medicaid and what is not captured? Dee will talk to Mindy about a crosswalk of this being created prior to discussion
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